

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4)

Summary Sheet	
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IS THIS AN AMENDMENT? LI YES XI NO	L	<u> </u>	<u> </u>	
COMMITTEE INFORMATION	and the line we have	de at early mill	and the second sections	et aktorisk førstellen til bygger for kommen for
		deli ed an interes		
1. Full Name of Committee (as on Statement of Organization) U Check if this is a new n	ame			·
2. Acronym or Abbreviated Name (if any)			none Number	
NIA			09-3	728.
4. Mailing Address (address where all campaign finance correspondence is received)  1502 E WASHUGTON ST	neck if thi	s is a new ad	dress	
5. City, State, ZIP Code	6. Party	Affiliation (ii	applicable)	,
INDIANAPOLIS IN 46201			-1 CHO	स्तर्यक्षा स्टब्स्ट्री स्टब्स्ट्री स्टब्स्ट्री स्टब्स्ट्री
CANDIDATE INFORMATION (For Candidate's Co	,			a service and a
7. Full Name of Candidate (include any nickname)		/ Affiliation of と <i>P</i> ußし	If Independe	nt Candidate
MICHAEL PATRICK HEGG				
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		unty of Resid へんしか		
AT-LARGE, CITY (OUNTY (ONCIL	and and		CONVENTIO	ON CANDIDATES ONLY
11. Check one:	are diseased		Check one:	<u> </u>
☐ Pre-Primary ☑ Pre-Election ☐ Annual ☐ Nomination ☐ Other			Pre-Con	vention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of	Organizatio	n)	Post-Co	nvention
12. Reporting Period:			UMN A	COLUMN B
From: 4-14-07 Through: 10-12-07	_	This	Period	Holi Year to Date rom
13. Cash on hand and investments at the beginning of this reporting period.		75.	15	s tenoritivo medicandala.
14. Cash on hand and investments January 1, current year.		orini Damily		<i>→</i>
CONTRIBUTIONS AND RECEIPTS	angle departs			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			lath fight with p	e To, so will go gip it to it
15a. Itemized (use Schedule A)		\$ 2,8		73/123
15b. Unitemized		5 91		\$ 4115
15c. Add lines 15a and 15b in both columns SUBT			00	\$ 4,665.0
10.7100 10103 10 0110 10 0110 10 0110 110 11	OTAL	P 3	70515	17,670
EXPENDITURES	Brense tysky	The state of the state of		
(Note: These amounts include in-kind expenditures and loan repayments.)		<b>第2</b> /1	Hillings, and	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		1 7 2,1		\$ 3865
17b. Unitemized	TOTAL	\$ 2,7	3/)	4 3865
	TOTAL		5 5	7 1,605 02
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL			
19. Debts OWED BY the committee (use Schedule D)		7 1819	)	e en antistation specified Ref.
20. Debts OWED TO the committee (use Schedule E)		6		
CERTIFICATION		and the		FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T Signature of Treasurer  Title		Date	MPLETE, N	leth of white
Signature of Candidate (if propheable)		Date / /	<del>'/</del> bo	CT 19 2007
The P. I Hea		19/19/0	2	Ellen
WARNING: Any information continued in this boot may not be copied for sale or used for any commercial purpose. files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate	ate report :	as required by	the Indiana	FILED
Camcaion Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-5	9-4-16, IC 3	3-9-4-17, IC 3-9	4-18)	10: 20 A, M



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE, Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributors during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B CUMULATIVE	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
1 PE MACALLISTER	Contributions:			_
TE THEATERS OF	Direct	\$500	\$500	8/16/07
7500 & 304 St	In-Kind (describe)	7390	`	ן טוציונפ
INDIANAPOUS IN 46229	Other Descriptor			
INDIAM 3003 IN 1622)	Other Receipts:  Interest Loan			< 15
	Misc. (specify)			SelF
Contributor's Occupation (if required)				
	Contributions:		,	
MICHAEL HEG	Direct	\$ 800	女565	9-10-07
MICHAEL HEY 150L E WASHINGTON ST INDIANAPOLIS IN YGLUI	in-Kind (describe)	7 300	7	
14000 MUSIN 4120)	Other Receipts:		. *	
INDIAMPLIS IN TELL	Interest \(\overline{\chi}\) Loan			Self
**************************************	Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
	☐ Direct☐ In-Kind (describe)	·		
	☐ In-Kina (describe)			
	Other Receipts:			
,	☐ Interest ☐ Loan			
	☐ Misc. (specify)			. 1
Contributor's Occupation (if required)				
4.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	Li mercino (describe)			
	Other Receipts:		:	
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			}
	In-Kind (describe)			
	mridio (deserbe)			†
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (d required)				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$	4500(-2)	or a first of the sound
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY  M 15a of the Summary Sheet)	\$	ร ค.ศ. พ.สทางอัสจะบังหุรการ์ พ	क्राम्बर्कनम्बर्के ५ द्वाराज्यस्य



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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\$200 if regular party committee).		Page	<u></u> of	
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
4.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)		·	
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
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Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
<b>1.</b>	Contributions: Direct In-Kind (describe)		·	
	Other Receipts:  Interest Loan  Misc. (specify)			
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)	,		
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kınd (describe)			,
	Other Receipts:  Interest Loan  Misc. (specify)			
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1 Frateria order of Police	Contributions: Direct In-Kind (describe)	\$1,500	\$1,500	9/20/06
1400 E. WASHINGTON ST INDIANAPORIS IN 4620)	Other Receipts:  Interest Loan  Misc. (specify)	÷		SelF
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
S	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)		·	
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#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers in and in-kind contributions receipts of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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interest or other income) OVER \$100 per contributor, within a calendar year, party committee).	MUST be itemized on this schedule fover	\$200 if regular	Page	of
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			·
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)	:		
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)		. ,	
	Other Receipts:  Interest Loan  Misc. (specify)	,		
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE
FAST SIGNS		Direct In-Kind Payment of Debt Returned Contribution Other	\$16000	\$160 <u>00</u>	10/8/07
1801 & WASHINGTO ST INDIMARIS IN HERE		Purpose: ADUCT HSMS KIGHS			:
UPS PHATING		Direct In-Kind Payment of Debt Returned Contribution	\$200	7200	7 (29/07
INGANAPOLIS IN 46215		Purpose: Printing !			
KINKO'S CAPERS 1600 N. Slandful A		Direct In-Kind Payment of Debt Returned Contribution	\$ 170	\$170-	9-1-01
1600 N. Standard AV		Purpose: Frinting Profitets			
1050 E WASHING		Direct In-Kind Payment of Debt Returned Contribution Other	\$820	7820	9-20-07
St INDIAMINULIS IN		Purpose: Strongs,			
1502 E Wishingh &		Direct In-Kind Payment of Debt Returned Contribution	\$750	\$150	10-9-01
INDIAMINATUS IN 46261		Purpose: re punkt			:
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
		☐ Direct ☐ In-Kind			
Code		Payment of Debt Returned Contribution			Profite se control de la contr
		Purpose:			
	SUBTOTAL THIS PAG	GE OF SCHEDULE B	\$ 2,110		
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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e e la jeria je ezer	The second of the second of	PUBLIC QUESTION	INFORMATION		Jan 1 (4) July 1 (4) 123	grand of the free to
Enter Text o	Public Question			i		
Type of Que	stion: Statewide	Local			1.1	
	Supported Dppo			•		;
	NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
RECIPIENT'S N Serve (street; nu.	NAME AND MAILING AUDRESS  mber, city, state, ZIP code)	granity (1889 a. 15) is necessariable to the periodic coldination	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE
		-	☐ Direct ☐ In-Kind			<u> </u>
Code			Payment of Debt			, .
	<b>;</b>		☐ Returned Contribution ☐ Other	·		
			Purpose:			
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			Direct In-Kind			:
Code	••		Payment of Debt	,		
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Code		· ,	☐ Direct ☐ In-Kind			
			Payment of Debt Returned Contribution			
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME  8. MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MALLING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
MICHAEL HEGG 1502 E WASHINGTONS) INDIANAPOLIS IN LENDERS OCCUPATION	District Control of the Control of t	NATURE OF DEBT	2-1-07/	\$750	\$1,815
INDIAMOPSEIS IN LENDERS OCCUPATION		Lan			•
LENDER'S OCCUPATION:				;	·
LENDER'S OCCUPATION:					
LENCER'S OCCUPATION			· ·		
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LENDER'S OCCUPATION					
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LENDER'S OCCUPATION		SUBTOTA	L THIS PAGE C	OF SCHEDULE D	\$ 1815
	TOTAL OF AL	L PAGES OF SCHEDU	ED ON THE LA	ST PAGE ONLY Summary Sheet)	s



# (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

(Enter total on ITEM 20 of the Summary Sheet)

INSTRUCTIONS:	Please type o	r print legibly IN	<b>BLACK INK</b>	all information	on this s	chedule. For	assistance in
completing this so	hedule, see in	structions on the	reverse side.	. List all debts a	and ioans,	<u>regardiess o</u>	f the amount,
OWED TO the co	mmittee during	the reporting per	riod. Include a	Il amounts the	committee	has loaned to	o others.

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BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		SUBTOT.	AL THIS PAGE O		\$